

North Carolina Department of Agriculture & Consumer Services

Steven W. Troxler, Commissioner
Food & Drug Protection Division
Joseph W. Reardon, Director
Daniel L. Ragan, RPh, Drug Administrator

**Prescription Drug Registration
2008 Renewal Application
NCGS 106-140.1 – Registration of Producers of
Prescription Drugs and Devices**

Please review the current registration information below. If any changes are needed, mark through the incorrect data and type or print the correct data to the right. Sign and return this renewal form, along with the \$350 (Wholesaler) or \$500 (Manufacturer or Repackager) fee by check or money order to:

North Carolina Department of Agriculture & Consumer Services
Food & Drug Protection Division
1070 Mail Service Center
Raleigh, NC 27699-1070

Telephone: 919-733-7366
Fax: 919-733-6801
Email: dan.ragan@ncmail.net
or sharon.fields@ncmail.net

Registration Type:
Registration Number:
Firm Name:
Address:
City:
State:
Zip Code:
Telephone:
Applicant Name:
Title:
Email:

Note any changes in ownership, partners, corporate officers or directors that have occurred since your last application was submitted.

You must also attach the License Affidavit to be completed by your state licensing agency and returned along with your application to the North Carolina Department of Agriculture & Consumer Services.

Date_____ Applicant's Signature_____

Check () and return if no renewal is planned

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
STEVE TROXLER, COMMISSIONER
FOOD AND DRUG PROTECTION DIVISION
JOSEPH W. REARDON, DIRECTOR
1070 MAIL SERVICE CENTER, RALEIGH, NC 27699-1070
TELEPHONE: (919) 733-7366 FAX: (919) 733-6801

DRUG DISTRIBUTOR LICENSE VERIFICATION AFFIDAVIT

APPLICANT: COMPLETE ITEMS 1-7 ONLY, THEN FORWARD TO THE LICENSING AGENCY FOR THE STATE IN WHICH YOU ARE LOCATED. CHECK WITH THAT AGENCY FOR VERIFICATION OF FEE CHARGES. AFFIDAVIT IS TO BE FILLED OUT COMPLETELY WHEN RECEIVED IN THIS OFFICE.

1. Name of Establishment to be Licensed _____

2. Address (Street, City, State, Zip Code) _____

3. Corporate Name _____

4. Type of Operation ☐ Distributor/Wholesaler ☐ Repackager ☐ Manufacturer ☐ Relabeler

5. Type of Drugs (Check all that apply) ☐ Prescription ☐ Controlled Substances

6. I HEREBY AUTHORIZE THE (your state licensing agency) _____
TO FURNISH TO THE N. C. DEPT. OF AGRICULTURE & CONSUMER SERVICES, FOOD AND DRUG
PROTECTION DIVISION, THE INFORMATION REQUESTED BELOW.

7. Signature of Applicant (Corp., Partnership, Individual Owner) _____

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HOME STATE LICENSING AGENCY

License Number _____	Date License Issued _____	Date License Expires _____
----------------------	---------------------------	----------------------------

HAS THIS LICENSE BEEN ENCUMBERED IN ANY WAY? TYPE OF ENCUMBRANCE
☐ YES ☐ NO ☐ REVOKED ☐ SURRENDERED ☐ LIMITED

8. ☐ SUSPENDED ☐ RESTRICTED ☐ PROBATION
PLEASE ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS.

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS

Has the applicant been convicted under any federal, state or local laws relating to drug samples, wholesale ☐ YES ☐ NO
or retail drug distribution, or distribution of controlled substances? (If yes, please explain.)

Has the applicant furnished any false or fraudulent material in any application made in connection with drug
manufacturing or distribution? (If yes, please explain.) ☐ YES ☐ NO

Has any inspection of the applicant resulted in deficiency ratings? (If yes, please explain.) ☐ YES ☐ NO

Has the applicant met all licensing requirements of your state? (If not, please explain.) ☐ YES ☐ NO

BOARD SEAL AREA, AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW

NAME _____

9. STATE _____ TITLE _____

DATE _____ SIGNATURE _____

PLEASE RETURN THIS COMPLETED AFFIDAVIT ALONG WITH THE APPLICATION TO THE N. C. DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.